

Case Number:	CM15-0183125		
Date Assigned:	09/24/2015	Date of Injury:	11/12/2012
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 21 year old male who reported an industrial injury on 11-12-2012. His diagnoses, and or impressions, were noted to include chronic myofascial pain syndrome; right thigh laceration, status-post removal of glass from the right posterior thigh on 11-13-2012; and evidence of probable thrombolitis of the right inner thigh. No current imaging studies were noted. His treatments were noted to include a qualified medical evaluation on 2-13-2015 and supplemental qualified medical evaluation on 5-1-2015; right thigh surgery (2012) with physical therapy and additional physical therapy (2013); and medication management. The supplemental treatment notes of 9-1-2015 reported a significant change in condition; that he had been taking medications with benefit; continued with pain with some numbness and spasms in the right thigh area; and that acupuncture had been authorized. The objective findings were noted to show: an unchanged review of systems from the previous visit; and a review of his medications noted to include: Omeprazole 20 mg, 1 tab daily, and Menthoderm gel as needed for numbness. The physician's requests for treatments were noted for Omeprazole due to a long-standing issue with non-steroidal anti-inflammatories, and needing long-term Omeprazole to prevent gastric ulcers; no discussion was noted for Menthoderm. The Request for Authorization (RFA), dated 9-1- 2015, was noted for Menthoderm #2, A RFA, which included Omeprazole 20 mg, 1 tablet daily for stomach prophylaxis, was noted on 5-5-2015. The Utilization Review of 9-9-2015 non-certified the request for Menthoderm Gel and partially-certified the request for Omeprazole 20 mg, x a 1 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Menthoderm gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the request is for Mentoderm, a compounded agent containing methyl salicylate and menthol. MTUS Guidelines do not specifically address Mentoderm, however states that topical salicylates are significantly better than placebo. Salicylates are available over-the-counter in preparations such as Ben-Gay. The claimant has been using the Mentoderm for chronic right leg pain without any documentation of functional improvement. Therefore, the request is not medically necessary or appropriate.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In this case, the request is for continuation of chronic Omeprazole, which is being used as a prophylactic measure for gastritis associated with chronic NSAID use. PPIs such as Omeprazole are recommended in cases where taking NSAIDs are associated with patients at moderate to high risk of GI events. Those at increased risk include age over 65 years; history of PUD, perforation or GI hemorrhage; concomitant ASA, corticosteroids or anticoagulants; and high dose/multiple NSAIDs. In this case, the patient does not have any of these risk factors, however he has complained of "gastritis-type symptoms" in the past with Naprosyn. The request is for continuing treatment with Omeprazole, presumably on a long-term basis. The request for long-term use is not medically necessary or appropriate without continuing documentation of NSAID use and GI complaints.